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[Reprinted from the AMERICAN GYNÆCOLOGICAL AND OBSTETRICAL JOURNAL
for February, 1896.]

SECONDARY LAPAROTOMY.

38 BISHOPSGATE, MONTREAL, CANADA.

To the Editor of The American Gynæcological and Obstetrical Journal :

SIR : In connection with Dr. Parish's paper on Reopening of the Abdomen following Cœliotomy, which, together with the discussion upon it by the Fellows of the Philadelphia Obstetrical Society, appeared in the December number of your JOURNAL, the following cases may be of interest :

In January, 1891, I removed the uterine appendages from a young married lady of twenty-five. The tubes were filled with pus, which had resulted from an attack of gonorrhœa. There were numerous adhesions, the separation of which caused considerable oozing, which had apparently been stopped before the abdominal cavity was closed. A glass drainage-tube was used, and, just before the patient was removed from the table, there was seen to be a good deal of sanguineous discharge coming from the cavity. An attempt was made to remove all of this fluid through the tube by means of absorbent cotton and a long, narrow forceps, but as this was unsuccessful, the wound was reopened, when extensive oozing from the separated adhesions was observed. Hot pads were applied for some minutes to these bleeding surfaces, which completely checked the loss of blood, and the abdomen was closed. The drainage-tube was left in for twenty-four hours, but was then removed, as there were no indications for its continuance, and the patient made an uninterrupted recovery.

Some time ago I assisted an extremely able operator at an abdominal section for extra-uterine foetation. Everything was safely removed, but there were many highly vascular adhesions, which caused great trouble from oozing. This was eventually controlled, a drainage-tube inserted, and the patient put to bed. After a second patient had been operated on, our attention was called to the first patient by the nurse, who showed us that the dressings were soaked with what appeared to be almost pure blood. The patient was replaced upon the table and the abdomen opened, when it was found that considerable bleeding was going on from the raw surfaces left by the separated ad-

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hesions. Gauze packing was inserted and the patient returned to bed in a very bad condition, but she recovered without any further trouble.

These two cases show the benefit of the secondary operation in a very marked manner, as both patients would undoubtedly have succumbed if it had not been performed. I shall never forget the look of horror upon the faces of those around the table when I proposed to reopen the abdomen in the first case, yet the result showed that the proceeding was perfectly justified.

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